

existing laws governing the practice of dentistry.

Three important facts are discussed. First, Is the great power of the initiative to be invoked and abused by any or every individual who is willing for personal greed to spend the money necessary to place a measure before the people? Second, Are the standards of dental practice to be lowered for similar reasons? And third, Are the people sufficiently well informed on matters pertaining to health and disease to amend the laws with which they are unfamiliar?

The power of the initiative was never intended to be used for selfish purposes or personal enrichment, but to enable the people to enact salutary laws for the public good, in the event a Legislature controlled by selfish interests might refuse to do its duty.

This measure, ostensibly proposed for the public good, yet publicly acknowledged to be for personal interest, bears little resemblance to good legislation, especially since personal publicity seems to be the most prominent feature of the issue proposed. The situation is too obvious for further discussion. It might be well to state, however, that in the event such a measure passes, it will require the use of the initiative at an enormous expense to the people to amend the dental laws in the future, and all public health and medical legislation is confronted with a similar problem.

As to the standards of dental education, no branch of medical science has been more widely discussed in medical literature and in medical practice during the last five years than dentistry.

When we realize how much danger is lurking in the mouth, the gateway to health, and that a liberal percentage of it is traceable to poor dentistry, it seems only fair to assume that higher standards in dental practice will be the only means of protection the public may have. The proposed measure offers nothing in the way of improving these conditions but on the contrary deprives the people of the only means of protection they now have.

As to the question of deciding on questions of health and disease by direct legislation, much can be said: Most people are wholly unfamiliar with these laws and ordinances. When they suffer from any physical disorder they immediately consult a physician, or a dentist or some other practitioner. This is an acknowledgment of the fact that they have no confidence in themselves in such matters. That sanitary laws and quarantine regulations are necessary is generally acknowledged to be true, and that these laws have been enacted at the suggestion of the medical profession and the public health authorities is very well known. This additional evidence corroborates the above statement.

The confidence which the general public reposes in the medical and dental profession warrants the assumption that the ethical members thereof are well enough informed on such matters to be able to advise the voters of the State on such issues and it should be considered a part of their duty to discuss public health just as much as individual health.

After thorough investigation, we are convinced

that the introduction of such a vicious measure, at a time when a large percentage of the members of the dental profession have responded to the nation's call and are not here to defend their professional standards, will have a retaliatory effect upon its proponent. Physicians are most seriously concerned in this matter. They, and all citizens concerned over public health and efficient dentists and doctors, must see to it that Amendment 21 is overwhelmingly defeated. The reasons are clearly set forth in the article. Vote NO on Amendment 21.

FIFTY THOUSAND MEDICAL OFFICERS.

With an army of three million men in the field or in training and as contemplated, an expansion of this force to five million men, the Surgeon-General must have in the Medical Reserve Corps at least fifty thousand doctors. The Medical Corps must keep pace in growth with the army expansion and it behooves every doctor in the United States between the ages of 21 and 55, who is physically, morally and professionally fit, at the earliest possible moment, to arrange his personal affairs so as to offer his services to his country in the capacity of a medical officer. The United States is in the war to win and this can only be accomplished by a large and well-trained body of troops adequately cared for by sufficient number of medical officers. The importance of the doctor's service and its relation to the successful outcome of the war cannot be over-estimated.

As the mobile forces increase in size, so is there an expansion of Base Hospitals and other institutions for the care of the sick and wounded, and there must be no lack of officers, when required, to give them that professional attention which is so essential. It is well for the medical profession of the United States to realize at once that a Medical Reserve Corps of at least 50,000 doctors will be required to meet the demands of the Surgeon-General and upon which corps he can draw for his medical officers. By this time the profession must be fully alive to the needs of the service; so let every doctor who is qualified, feel that he is doing not only his patriotic duty in offering his service as a medical officer, but is relieving the tension of the Surgeon-General's office by placing at the command of the Chief Officer of the Medical Department an adequate force without the frequent beating of drums to supply the necessary number with each increase of the mobile forces.

If you have not already received an application blank for commission in the Medical Reserve Corps, your nearest Examining Board or the Editor of this journal will be glad to supply you.

VOLUNTEER MEDICAL SERVICE CORPS.

Many thousands of blanks for enrollment of the legally qualified men and women physicians of the country in the reorganized Volunteer Medical Service Corps are being mailed by the Chairman of the General Medical Board of the Council of National Defense. With the blank are enclosed a letter and a folder giving all details as to the organization.

Under the reorganization, every legally qualified

physician, man or woman, holding the degree of Doctor of Medicine from a legally chartered medical school, who is not now attached to the Government service, and without reference to age or physical disability, may apply for membership and be admitted if qualified; whereas, the original organization admitted only those who for various reasons were ineligible to membership in the Medical Reserve Corps. The organization will mobilize the medical profession in order to provide for the health needs of the military forces and the civil population, and the recording and classifying of doctors will afford means of obtaining quickly men and women for any service required.

To date about 40,000 of the 144,116 doctors in the United States—not including the more than 5,000 women doctors—either are in Government service or have volunteered their services. Up to July 12 the Surgeon-General had recommended to the Adjutant-General 26,733 doctors for commissions in the Medical Reserve Corps. About 9,000 others who applied were rejected. With the 1,194 in the Medical Corps of the National Guard and 1,600 in the Navy, the total—38,527—constitutes 26.73 per cent. of the civilian doctors. Deducting those who declined their commissions or who have been discharged because of subsequent physical disability or other cause, the number actually commissioned in the Medical Reserve Corps stands (August 23) at 23,531 with several hundred recommended whose commissions are pending. Of the 23,531 there are 22,232 now on active duty.

The need of using wisely the service of the medical men, in view of the universal war activities, is indicated when it is known that in the five weeks ended August 2 there were 2,700 medical officers commissioned in the Army, Navy, and Public Health Service—or at the rate of 540 per week. It is estimated that at least 50,000 doctors will be necessary eventually for the Army. It can readily be seen that with the enrollment of these active men, their places in communities and institutions must be cared for, and the work, therefore, throughout the country must be so systematized and co-ordinated that the civilian population may not suffer. An important aspect is the need for medical men in the communities where munitions and other vital war products are being made.

The Volunteer Medical Service Corps will thoroughly care for these needs.

IMPORTANT CHANGE IN U. S. EMPLOYMENT CONDITIONS.

The supplying of war industries with common labor will be immediately centralized in the U. S. Employment Service of the Department of Labor, and all independent recruiting of common labor by manufacturers having a payroll of more than 100 men will be diverted to the U. S. Employment Service. This is in accordance with the decision of the War Labor Policies Board and approved by the President on June 17. (The War Labor Policies Board is composed of representatives of the War, Navy, and Agricultural Departments, the Shipping Board and the Emergency Fleet Corporation, the War Industries Board, and the Food,

Fuel, and Railroad Administrations. Its chairman is Felix Frankfurter, Assistant to the Secretary of Labor.)

The above action was found necessary to overcome a perilous shortage of unskilled labor in war industries. This shortage was aggravated by an almost universal practice of labor stealing and poaching.

While the restrictions against the private employment of labor apply only to common labor at the present time, these restrictions will, as soon as possible, be extended to include skilled labor. In the meantime, recruiting of skilled labor for war production will be subject to federal regulations now being prepared.

This drastic change in the Nation's labor program has been found necessary in order to protect the employer and the employed, to conserve the labor supply of the communities and to cut down unnecessary and expensive labor turn-over (which, in some cases, is as high as 100 per cent a week), and to increase the production of essentials. While non-essential industries will be drawn upon to supply the necessary labor for war work, the withdrawal will be conducted on an equitable basis in order to protect the individual employer as much as possible.

A survey of the labor requirements is being made, and in order that each community may be fully protected, rulings have been issued that no labor shall be transported out of any community by the U. S. Employment Service without the approval of the State Director; nor shall any labor be removed by the Service from one state to another without the approval of the U. S. Employment Service at Washington. Every effort will be made to discourage any movements from community to community or state to state by any other service. Farm labor will be protected, for the industrial program distinctly includes special efforts to keep the farmer supplied with labor.

The requirement that unskilled labor must be recruited through the sole agency of the U. S. Employment Service does not at present apply in the following five cases: 1. Labor which is not directly or indirectly solicited; 2. Labor for the railroads; 3. Farm labor—to be recruited in accordance with existing arrangement with Department of Agriculture; 4. Labor for non-war work; 5. Labor for establishments whose maximum force does not exceed one hundred.

When the survey of labor requirements has been made and the aggregate demand for unskilled labor in war work is found, each state will be assigned a quota, representing the common labor to be drawn from among men engaged in non-essential industries in that state.

These state quotas will in turn be distributed among localities. Within each locality, employers in non-war work, including those who are only partially in war work, will be asked to distribute the local quotas from time to time amongst themselves. Quotas by localities and individuals are to be accepted as readily as they are for Liberty Loan and Red Cross campaigns. This plan of labor quotas is a protection for all communities. The object is to keep any community from being